

State Of New Jersey  
Division Of Contract Compliance And  
Equal Employment Opportunity In Public Contracts

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK.		3. F ID or SS Number	
1.Name and address of Prime Contractor		2. Contractor ID Number	
(NAME)		4. Reporting Period	
(ADDRESS)		5. Public Agency Awarding Contract	
(CITY)		6. Name and Location of Project	
(STATE)		County	
(ZIP CODE)		7. Project ID Number	
Date of Award			

			CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL	13. WORK HOURS		14. % OF WORK HRS		15. CUM. WORK HRS			16. CUM. % OF W/H		
8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT		A.	B.	C.	D.	E.	F.	NO. OF MIN. EMP.	TOTAL WORK HOURS	A.	B.	A.	B.	TOTAL WORK HOURS	A.	B.	A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES			MIN. W/H	FEMALE W/H	% OF W/H	% OF FEMALE W/H		MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% OF FEM. W/H
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17. COMPLETED BY (PRINT OR TYPE)

(NAME)	(SIGNATURE)	(TITLE)
(AREA CODE)	(TELEPHONE NUMBER)	(EXT.)
(DATE)		